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CONFIRMATION NO. 6264

<b>SERIAL NUMBER</b> 10/824,619	<b>FILING OR 371(c) DATE</b> 04/15/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> SYN-0044
<b>APPLICANTS</b> Johannes J. Platteeuw, 's-Hertogenbosch, NETHERLANDS; Dennie J. M. van den Heuvel, Boxmeer, NETHERLANDS;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/463,027 04/16/2003 <i>S.T</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None S.T</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/24/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>S.T</i> Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 35
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 38427				
<b>TITLE</b> Orally disintegrating tablets				
<b>FILING FEE RECEIVED</b> 1256	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	